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**EDITOR SPECIAL NOTICE
TO ALL AGENCIES**

AS OF JANUARY 1, 1978 ALL AGENCIES ARE UNDER THE ILLINOIS ADMINISTRATIVE PROCEDURE ACT.

A. Per the Administrative Procedure Act - Section 7.01, any rule on file with the Secretary of State, on January 1, 1978 shall be *void* 60 days after that date unless within such 60 day period the issuing agency certifies to the Secretary of State that the rule is currently in effect.

B. SECRETARY OF STATE - *Rules on Rules*

Article III - Rule 3.03

No *Proposed Rules* will be accepted by the Secretary of State, Rules and Regulations unless the proper format is followed - TAKE SPECIAL NOTE:

1. If the proposal is a new rule, the full text of the new rule; or
2. If the proposal is an amendment to a rule, the full text of the existing rule with proposed changes indicated. Language being deleted shall be indicated by lining through the text and new language shall be indicated by underlining; or
3. If the proposal is a repealer, the full text of the rule to be repealed.

If any questions should arise, please feel free to contact:

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Illinois Department of Public Aid - Proposed Revision of Rate
Schedules for ICF/MR Payment

The Illinois Department of Public Aid proposes to adopt revised rate schedules for ICF/MR Payments pursuant to the Illinois Public Aid Code, Illinois Revised Statutes, Chapter 23, Sections 5-7 and 12-13. The existing rate schedules appear in Rule 4.14 - Group Care Services, Attachment II, pages 22 and 23. The revisions have already been filed as emergency Rules effective January 13, 1978, and replace the existing Rate Schedules for ICF/MR Payments.

These revisions are being proposed pursuant to Federal statutory and regulatory requirements that mandated revisions in the Department's system for reimbursing skilled nursing and intermediate care facilities. These changes must be implemented, effective for services delivered on or after January 1, 1978.

The texts of the existing Rate Schedule (with an "X" marked through them) and the proposed Rate Schedules are as follows:

Any person who wishes to comment should submit such comments to Jeffrey C. Miller, Deputy Director, Division of Medical Programs, Illinois Department of Public Aid, 316 South Second Street, Third Floor, Springfield, Illinois 62762.

RATE SCHEDULE FOR ICR/MR PAYMENT - GROUP III - JULY 1, 1977

<u>Provisional</u>				<u>Full Status</u>		
Not Qualified for "SHELTER FACTOR" ALLOWANCE				Includes "SHELTER FACTOR" ALLOWANCE		
Regular Rate	Approved Activity Program Only	Approved RN&A Program	Point Count	Regular Rate	Approved Activity Program Only	Approved RN&A Program
\$355.00	\$363.00	\$375.00	0-7	\$421.00	\$429.00	\$441.00
361.00	369.00	381.00	8	427.00	435.00	447.00
367.00	375.00	387.00	9	433.00	441.00	453.00
373.00	381.00	393.00	10	439.00	447.00	459.00
379.00	387.00	399.00	11	445.00	453.00	465.00
385.00	393.00	405.00	12	451.00	459.00	471.00
391.00	399.00	411.00	13	457.00	465.00	477.00
397.00	405.00	417.00	14	463.00	471.00	483.00
403.00	411.00	423.00	15	469.00	477.00	489.00
409.00	417.00	429.00	16	475.00	483.00	495.00
415.00	423.00	435.00	17	481.00	489.00	501.00
421.00	429.00	441.00	18	487.00	495.00	507.00
427.00	435.00	447.00	19	493.00	501.00	513.00
433.00	441.00	453.00	20	499.00	507.00	519.00
439.00	447.00	459.00	21	505.00	513.00	525.00
445.00	453.00	465.00	22	511.00	519.00	531.00
451.00	459.00	471.00	23	517.00	525.00	537.00
457.00	465.00	477.00	24	523.00	531.00	543.00
463.00	471.00	483.00	25	529.00	537.00	549.00
469.00	477.00	489.00	26	535.00	543.00	555.00
475.00	483.00	495.00	27	541.00	549.00	561.00
481.00	489.00	501.00	28	547.00	555.00	567.00
487.00	495.00	507.00	29	553.00	561.00	573.00
493.00	501.00	513.00	30	559.00	567.00	579.00
499.00	507.00	519.00	31	565.00	573.00	585.00
505.00	513.00	525.00	32	571.00	579.00	591.00
511.00	519.00	531.00	33	577.00	585.00	597.00
517.00	525.00	537.00	34	583.00	591.00	603.00
523.00	531.00	543.00	35	589.00	597.00	609.00
529.00	537.00	549.00	36	595.00	603.00	615.00
535.00	543.00	555.00	37	601.00	609.00	621.00
541.00	549.00	561.00	38	607.00	615.00	627.00
547.00	555.00	567.00	39	613.00	621.00	633.00
553.00	561.00	573.00	40	619.00	627.00	639.00
559.00	567.00	579.00	41	625.00	633.00	645.00
565.00	573.00	585.00	42	631.00	639.00	651.00
571.00	579.00	591.00	43	637.00	645.00	657.00
577.00	585.00	597.00	44	643.00	651.00	663.00
583.00	591.00	603.00	45	649.00	657.00	669.00
589.00	597.00	609.00	46	655.00	663.00	675.00
595.00	603.00	615.00	47	661.00	669.00	681.00
601.00	609.00	621.00	48	667.00	675.00	687.00
607.00	615.00	627.00	49	673.00	681.00	693.00
613.00	621.00	633.00	50	679.00	687.00	699.00

RATE SCHEDULE FOR ICF/MR PAYMENT - GROUP II - JULY 1, 1977

<u>Provisional</u>				<u>Full Status</u>		
Not Qualified for "SHELTER FACTOR" ALLOWANCE				Includes "SHELTER FACTOR" ALLOWANCE		
Regular Rate	Approved Activity Program Only	Approved RNA Program	Point Count	Regular Rate	Approved Activity Program Only	Approved RNA Program
\$337.00	\$345.00	\$357.00	0-7	\$404.00	\$412.00	\$424.00
342.00	350.00	362.00	8	409.00	417.00	429.00
347.00	355.00	367.00	9	414.00	422.00	434.00
352.00	360.00	372.00	10	419.00	427.00	439.00
357.00	365.00	377.00	11	424.00	432.00	444.00
362.00	370.00	382.00	12	429.00	437.00	449.00
367.00	375.00	387.00	13	434.00	442.00	454.00
372.00	380.00	392.00	14	439.00	447.00	459.00
377.00	385.00	397.00	15	444.00	452.00	464.00
382.00	390.00	402.00	16	449.00	457.00	469.00
387.00	395.00	407.00	17	454.00	462.00	474.00
392.00	400.00	412.00	18	459.00	467.00	479.00
397.00	405.00	417.00	19	464.00	472.00	484.00
402.00	410.00	422.00	20	469.00	477.00	489.00
407.00	415.00	427.00	21	474.00	482.00	494.00
412.00	420.00	432.00	22	479.00	487.00	499.00
417.00	425.00	437.00	23	484.00	492.00	504.00
422.00	430.00	442.00	24	489.00	497.00	509.00
427.00	435.00	447.00	25	494.00	502.00	514.00
432.00	440.00	452.00	26	499.00	507.00	519.00
437.00	445.00	457.00	27	504.00	512.00	524.00
442.00	450.00	462.00	28	509.00	517.00	529.00
447.00	455.00	467.00	29	514.00	522.00	534.00
452.00	460.00	472.00	30	519.00	527.00	539.00
457.00	465.00	477.00	31	524.00	532.00	544.00
462.00	470.00	482.00	32	529.00	537.00	549.00
467.00	475.00	487.00	33	534.00	542.00	554.00
472.00	480.00	492.00	34	539.00	547.00	559.00
477.00	485.00	497.00	35	544.00	552.00	564.00
482.00	490.00	502.00	36	549.00	557.00	569.00
487.00	495.00	507.00	37	554.00	562.00	574.00
492.00	500.00	512.00	38	559.00	567.00	579.00
497.00	505.00	517.00	39	564.00	572.00	584.00
502.00	510.00	522.00	40	569.00	577.00	589.00
507.00	515.00	527.00	41	574.00	582.00	594.00
512.00	520.00	532.00	42	579.00	587.00	599.00
517.00	525.00	537.00	43	584.00	592.00	604.00
522.00	530.00	542.00	44	589.00	597.00	609.00
527.00	535.00	547.00	45	594.00	602.00	614.00
532.00	540.00	552.00	46	599.00	607.00	619.00
537.00	545.00	557.00	47	604.00	612.00	624.00
542.00	550.00	562.00	48	609.00	617.00	629.00
547.00	555.00	567.00	49	614.00	622.00	634.00
552.00	560.00	572.00	50	619.00	627.00	639.00

INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED (ICF/MR)
NURSING COSTS BY POINT COUNT
HEALTH SERVICE AREA (HSA) I

Effective 1-1-78

The Counties included in HSA I are:

Points	Daily Rates	Monthly Rates		
		28 Days	30 Days	31 Days
1	4.40	123 20	132 00	136.40
2	4 50	126 00	135 00	139.50
3	4.59	128 52	137.70	142.29
4	4 69	131 32	140 70	145.39
5	4.79	134 12	143 70	148.49
6	4 88	136 64	146 40	151.28
7	4.98	139.44	149 40	154.38
8	5.08	142 24	152.40	157.48
9	5 18	145 04	155 40	160.58
10	5.27	147.56	158 10	163.37
11	5.37	150.36	161.10	166.47
12	5.47	153.16	164 10	169.57
13	5.56	155.68	166 80	172.36
14	5.66	158 48	169 80	175.46
15	5.76	161 28	172 80	178.56
16	5.85	163 80	175 50	181.35
17	5.95	166 60	178 50	184.45
18	6.05	169 40	181.50	187.55
19	6.15	172 20	184 50	190.65
20	6.24	174.72	187 20	193.44
21	6.34	177.52	190 20	196.54
22	6.44	180.32	193.20	199.64
23	6.53	182.84	195.90	202.43
24	6.63	185.64	198.90	205.53
25	6.73	188.44	201.90	208.63
26	6.82	190.96	204.60	211.42
27	6.92	193.76	207.60	214.52
28	7.02	196 56	210 60	217.62
29	7.12	199.36	213 60	220.72
30	7.21	201 88	216 30	223.51
31	7.31	204 68	219.30	226.61
32	7.41	207.48	222.30	229.71
33	7.50	210 00	225.00	232.50
34	7.60	212.80	228.00	235.60
35	7.70	215 60	231.00	238.70
36	7.79	218.12	233.70	241.49
37	7.89	220.92	236.70	244.59
38	7.99	223.72	239.70	247.69
39	8.09	226 52	242.70	250.79
40	8.18	229 04	245.40	253.58
41	8.28	231.84	248.40	256.68
42	8.38	234.64	251.40	259.78
43	8.47	237.16	254.10	262.57
44	8.57	239.96	257.10	265.67
45	8.67	242.76	260 10	268.77
46	8.76	245 28	262 80	271.56
47	8.86	248 08	265 80	274.66
48	8.96	250 88	268.80	277.76
49	9.06	253.68	271 80	280.86
50	9.15	256 20	274 50	283.65

INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED (ICF/MR)
NURSING COSTS BY POINT COUNT
HEALTH SERVICE AREA (HSA) II

Effective 1-1-78

The Counties included in HSA II are:

Points	Daily Rates	Monthly Rates		
		28 Days	30 Days	31 Days
1	4.48	125.44	134.40	138.88
2	4.58	128.24	137.40	141.98
3	4.68	131.04	140.40	145.08
4	4.78	133.84	143.40	148.18
5	4.87	136.36	146.10	150.97
6	4.97	139.16	149.10	154.07
7	5.07	141.96	152.10	157.17
8	5.17	144.76	155.10	160.27
9	5.27	147.56	158.10	163.37
10	5.37	150.36	161.10	166.47
11	5.47	153.16	164.10	169.57
12	5.57	155.96	167.10	172.67
13	5.67	158.76	170.10	175.77
14	5.77	161.56	173.10	178.87
15	5.86	164.08	175.80	181.66
16	5.96	166.88	178.80	184.75
17	6.06	169.68	181.80	187.86
18	6.16	172.48	184.80	190.96
19	6.26	175.28	187.80	194.06
20	6.36	178.08	190.80	197.16
21	6.46	180.88	193.80	200.26
22	6.56	183.68	196.80	203.36
23	6.66	186.48	199.80	206.46
24	6.76	189.28	202.80	209.56
25	6.85	191.80	205.50	212.35
26	6.95	194.60	208.50	215.45
27	7.05	197.40	211.50	218.55
28	7.15	200.20	214.50	221.65
29	7.25	203.00	217.50	224.75
30	7.35	205.80	220.50	227.85
31	7.45	208.60	223.50	230.95
32	7.55	211.40	226.50	234.05
33	7.65	214.20	229.50	237.15
34	7.75	217.00	232.50	240.25
35	7.84	219.52	235.20	243.04
36	7.94	222.32	238.20	246.14
37	8.04	225.12	241.20	249.24
38	8.14	227.92	244.20	252.34
39	8.24	230.72	247.20	255.44
40	8.34	233.52	250.20	258.54
41	8.44	236.32	253.20	261.64
42	8.54	239.12	256.20	264.74
43	8.64	241.92	259.20	267.64
44	8.74	244.72	262.20	270.94
45	8.83	247.24	264.90	273.73
46	8.93	250.04	267.90	276.83
47	9.03	252.84	270.90	279.93
48	9.13	255.64	273.90	283.03
49	9.23	258.44	276.90	286.13
50	9.33	261.24	279.90	289.23

1-1-78

INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED (ICF/MR)
NURSING COSTS BY POINT COUNT
HEALTH SERVICE AREA (HSA) III

Effective 1-1-78

The Counties included in HSA III are:

Adams
Brown
Calhoun
Cass

Christian
Green
Hancock
Jersey

Logan
Macoupin
Mason
Menard

Montgomery
Morgan
Pike
Sangamon

Schuyler
Scott

Points	Daily Rates	Monthly Rates		
		28 Days	30 Days	31 Days
1	4.47	125 16	134 10	138 57
2	4 57	127 96	137 10	141 67
3	4 67	130 76	140 10	144 77
4	4 76	133 28	142 80	147 56
5	4 86	136 08	145 80	150 66
6	4 96	138 88	148 80	153 76
7	5 06	141 68	151 80	156 86
8	5 16	144 48	154 80	159 96
9	5 26	147 28	157 80	163 06
10	5 36	150 08	160 80	166 16
11	5 46	152 88	163 80	169 26
12	5 56	155 68	166 80	172 36
13	5 66	158 48	169 80	175 46
14	5 75	161 00	172 50	178 25
15	5 85	163 80	175 50	181 35
16	5 95	166 60	178 50	184 45
17	6 05	169 40	181 50	187 55
18	6 15	172 20	184 50	190 65
19	6 25	175 00	187 50	193 75
20	6 35	177 80	190 50	196 85
21	6 45	180 60	193 50	199 95
22	6 55	183 40	196 50	203 05
23	6 65	186 20	199 50	206 15
24	6 74	188 72	202 20	208 94
25	6 84	191 52	205 20	212 04
26	6 94	194 32	208 20	215 14
27	7 04	197 12	211 20	218 24
28	7 14	199 92	214 20	221 34
29	7 24	202 72	217 20	224 44
30	7 34	205 52	220 20	227 54
31	7 44	208 32	223 20	230 64
32	7 54	211 12	226 20	233 74
33	7 64	213 92	229 20	236 84
34	7 73	216 44	231 90	239 63
35	7 83	219 24	234 90	242 73
36	7 93	222 04	237 90	245 83
37	8 03	224 84	240 90	248 93
38	8 13	227 64	243 90	252 03
39	8 23	230 44	246 90	255 13
40	8 33	233 24	249 90	258 23
41	8 43	236 04	252 90	261 33
42	8 53	238 84	255 90	264 43
43	8 63	241 64	258 90	267 53
44	8 72	244 16	261 60	270 32
45	8 82	246 96	264 60	273 42
46	8 92	249 76	267 60	276 52
47	9 02	252 56	270 60	279 62
48	9 12	255 36	273 60	282 72
49	9 22	258 16	276 60	285 82
50	9 32	260 96	279 60	288 92

1-1-78

INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED (ICF/MR)
NURSING COSTS BY POINT COUNT
HEALTH SERVICE AREA (HSA) IV

Effective 1-1-78

The Counties included in HSA IV are:

Champaign
Clark
Coles
Cumberland

DeWitt
Douglas
Edgar

Ford
Iroquois
Livingston

Macon
McLean
Moultrie

Platt
Shelby
Vermilion

Points	Daily Rates	Monthly Rates		
		28 Days	30 Days	31 Days
1	4.49	125.72	134.70	139.19
2	4.59	128.52	137.70	142.29
3	4.69	131.32	140.70	145.39
4	4.79	134.12	143.70	148.49
5	4.89	136.92	146.70	151.59
6	4.99	139.72	149.70	154.69
7	5.09	142.52	152.70	157.79
8	5.19	145.32	155.70	160.89
9	5.29	148.12	158.70	163.99
10	5.39	150.92	161.70	167.09
11	5.49	153.72	164.70	170.19
12	5.59	156.52	167.70	173.29
13	5.69	159.32	170.70	176.39
14	5.79	162.12	173.70	179.49
15	5.89	164.92	176.70	182.59
16	5.99	167.72	179.70	185.69
17	6.09	170.52	182.70	188.79
18	6.19	173.32	185.70	191.89
19	6.29	176.12	188.70	194.99
20	6.39	178.92	191.70	198.09
21	6.49	181.72	194.70	201.19
22	6.59	184.52	197.70	204.29
23	6.69	187.32	200.70	207.39
24	6.79	190.12	203.70	210.49
25	6.89	192.92	206.70	213.59
26	6.99	195.72	209.70	216.69
27	7.09	198.52	212.70	219.79
28	7.19	201.32	215.70	222.89
29	7.29	204.12	218.70	225.99
30	7.39	206.92	221.70	229.09
31	7.49	209.72	224.70	232.19
32	7.59	212.52	227.70	235.29
33	7.69	215.32	230.70	238.39
34	7.79	218.12	233.70	241.49
35	7.89	220.92	236.70	244.59
36	7.99	223.72	239.70	247.69
37	8.09	226.52	242.70	250.79
38	8.19	229.32	245.70	253.89
39	8.29	232.12	248.70	256.99
40	8.39	234.92	251.70	260.09
41	8.49	237.72	254.70	263.19
42	8.59	240.52	257.70	266.29
43	8.69	243.32	260.70	269.39
44	8.79	246.12	263.70	272.49
45	8.89	248.92	266.70	275.59
46	8.99	251.72	269.70	278.69
47	9.09	254.52	272.70	281.79
48	9.19	257.32	275.70	284.89
49	9.29	260.12	278.70	287.99
50	9.39	262.92	281.70	291.09

INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED (ICF/MR)
NURSING COSTS BY POINT COUNT
HEALTH SERVICE AREA (HSA) V

Effective 1-1-78

The Counties included in HSA V are:

Alexander	Edwards	Gallatin	Jasper	Marion	Pulaski	Union	White
Bond	Effingham	Hamilton	Jefferson	Massac	Randolph	Wabash	Williamson
Clay	Fayette	Hardin	Johnson	Perry	Richland	Washington	
Crawford	Franklin	Jackson	Lawrence	Pope	Saline	Wayne	

Points	Daily Rates	Monthly Rates		
		28 Days	30 Days	31 Days
1	4.41	123.48	132.30	136.71
2	4.51	126.28	135.30	139.81
3	4.60	128.80	138.00	142.60
4	4.70	131.60	141.00	145.70
5	4.80	134.40	144.00	148.80
6	4.90	137.20	147.00	151.90
7	4.99	139.72	149.70	154.69
8	5.09	142.52	152.70	157.79
9	5.19	145.32	155.70	160.89
10	5.28	147.84	158.40	163.68
11	5.38	150.64	161.40	166.78
12	5.48	153.44	164.40	169.88
13	5.57	155.96	167.10	172.67
14	5.67	158.76	170.10	175.77
15	5.77	161.56	173.10	178.87
16	5.87	164.36	176.10	181.97
17	5.96	166.88	178.80	184.76
18	6.06	169.68	181.80	187.86
19	6.16	172.48	184.80	190.96
20	6.25	175.00	187.50	193.75
21	6.35	177.80	190.50	196.85
22	6.45	180.60	193.50	199.95
23	6.54	183.12	196.20	202.74
24	6.64	185.92	199.20	205.84
25	6.74	188.72	202.20	208.94
26	6.84	191.52	205.20	212.04
27	6.93	194.04	207.90	214.83
28	7.03	196.84	210.90	217.93
29	7.13	199.64	213.90	221.03
30	7.22	202.16	216.60	223.82
31	7.32	204.96	219.60	226.92
32	7.42	207.76	222.60	230.02
33	7.51	210.28	225.30	232.81
34	7.61	213.08	228.30	235.91
35	7.71	215.88	231.30	239.01
36	7.81	218.68	234.30	242.11
37	7.90	221.20	237.00	244.90
38	8.00	224.00	240.00	248.00
39	8.10	226.80	243.00	251.10
40	8.19	229.32	245.70	253.89
41	8.29	232.12	248.70	256.99
42	8.39	234.92	251.70	260.09
43	8.48	237.44	254.40	262.88
44	8.58	240.24	257.40	265.98
45	8.68	243.04	260.40	269.08
46	8.78	245.84	263.40	272.18
47	8.87	248.36	266.10	274.97
48	8.97	251.16	269.10	278.07
49	9.07	253.96	272.10	281.17
50	9.16	256.48	274.80	283.96

1-1-78

INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED (ICF/MR)
NURSING COSTS BY POINT COUNT
HEALTH SERVICE AREA (HSA) VI & VII

Effective 1-1-78

The Counties included in HSAs VI & VII are:

Cook and DuPage

Points	Daily Rates	Monthly Rates		
		28 Days	30 Days	31 Days
1	4.99	139.72	149.70	154.69
2	5.11	143.08	153.30	158.41
3	5.23	146.44	156.90	162.13
4	5.34	149.52	160.20	165.54
5	5.46	152.68	163.80	169.26
6	5.58	156.24	167.40	172.98
7	5.69	159.32	170.70	176.39
8	5.81	162.68	174.30	180.11
9	5.93	166.04	177.90	183.83
10	6.04	169.12	181.20	187.24
11	6.16	172.48	184.80	190.96
12	6.28	175.84	188.40	194.68
13	6.40	179.20	192.00	198.40
14	6.51	182.28	195.30	201.81
15	6.63	185.64	198.90	205.53
16	6.75	189.00	202.50	209.25
17	6.86	192.08	205.80	212.66
18	6.98	195.44	209.40	216.38
19	7.10	198.80	213.00	220.10
20	7.21	201.88	216.30	223.51
21	7.33	205.24	219.90	227.23
22	7.45	208.60	223.50	230.95
23	7.56	211.68	226.80	234.36
24	7.68	215.04	230.40	238.08
25	7.80	218.40	234.00	241.80
26	7.91	221.48	237.30	245.21
27	8.03	224.84	240.90	248.93
28	8.15	228.20	244.50	252.65
29	8.27	231.56	248.10	256.37
30	8.38	234.64	251.40	259.78
31	8.50	238.00	255.00	263.50
32	8.62	241.36	258.60	267.22
33	8.73	244.44	261.90	270.63
34	8.85	247.80	265.50	274.35
35	8.97	251.16	269.10	278.07
36	9.08	254.24	272.40	281.48
37	9.20	257.60	276.00	285.20
38	9.32	260.96	279.60	288.92
39	9.43	264.04	282.90	292.33
40	9.55	267.40	286.50	296.05
41	9.67	270.76	290.10	299.77
42	9.79	274.12	293.70	303.49
43	9.90	277.20	297.00	306.90
44	10.02	280.56	300.60	310.62
45	10.14	283.92	304.20	314.34
46	10.25	287.00	307.50	317.75
47	10.37	290.36	311.10	321.47
48	10.49	293.72	314.70	325.19
49	10.60	296.80	318.00	328.60
50	10.72	300.16	321.60	332.32

1-1-78

INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED (ICF/MR)
NURSING COSTS BY POINT COUNT
HEALTH SERVICE AREA (HSA) VIII

Effective 1-1-78

The Counties included in HSA VIII are:

Kane	McHenry	Lake	Monthly Rates		
Points	Daily Rates	28 Days	30 Days	31 Days	
1	4 72	132 16	141 60	146 32	
2	4 83	135 24	144 90	149 73	
3	4 93	138 04	147 90	152 83	
4	5 04	141 12	151 20	156 24	
5	5 15	144 20	154 50	159 65	
6	5 25	147 00	157 50	162 75	
7	5 36	150 08	160 80	166 16	
8	5 47	153 16	164 10	169 57	
9	5 57	155 96	167 10	172 67	
10	5 68	159 04	170 40	176 08	
11	5 79	162 12	173 70	179 49	
12	5 90	165 20	177 00	182 90	
13	6 00	168 00	180 00	186 00	
14	6 11	171 08	183 30	189 41	
15	6 22	174 16	186 60	192 82	
16	6 32	176 96	189 60	195 92	
17	6 43	180 04	192 90	199 33	
18	6 54	183 12	196 20	202 74	
19	6 64	185 92	199 20	205 84	
20	6 75	189 00	202 50	209 25	
21	6 86	192 08	205 80	212 66	
22	6 97	195 16	209 10	216 07	
23	7 07	197 96	212 10	219 17	
24	7 18	201 04	215 40	222 58	
25	7 29	204 12	218 70	225 99	
26	7 39	206 92	221 70	229 09	
27	7 50	210 00	225 00	232 50	
28	7 61	213 08	228 30	235 91	
29	7 71	215 88	231 30	239 01	
30	7 82	218 96	234 60	242 42	
31	7 93	222 04	237 90	245 83	
32	8 04	225 12	241 20	249 24	
33	8 14	227 92	244 20	252 34	
34	8 25	231 00	247 50	255 75	
35	8 36	234 08	250 80	259 16	
36	8 46	236 88	253 80	262 26	
37	8 57	239 96	257 10	265 67	
38	8 68	243 04	260 40	269 08	
39	8 78	245 84	263 40	272 18	
40	8 89	248 92	266 70	275 59	
41	9 00	252 00	270 00	279 00	
42	9 11	255 08	273 30	282 41	
43	9 21	257 88	276 30	285 51	
44	9 32	260 96	279 60	288 92	
45	9 43	264 04	282 90	292 33	
46	9 53	266 84	285 90	295 43	
47	9 64	269 92	289 20	298 84	
48	9 75	273 00	292 50	302 25	
49	9 85	275 80	295 50	305 35	
50	9 96	278 88	299 80	308 76	

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INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED (ICF/MR)
NURSING COSTS BY POINT COUNT
HEALTH SERVICE AREA (HSA) IX

Effective 1-1-78

The Counties included in HSA IX are:

Points	Daily Rates	Monthly Rates		
		28 Days	30 Days	31 Days
1	4.45	124 60	133 50	137 95
2	4.55	127 40	136 50	141 05
3	4 64	129 92	139 20	143 84
4	4.74	132 72	142 20	146 94
5	4.84	135 52	145 20	150 04
6	4.94	138 32	148 20	153 14
7	5 04	141 12	151 20	156 24
8	5.13	143 64	153 90	159 03
9	5 23	146 44	156 90	162 13
10	5 33	149 24	159 90	165 23
11	5.43	152 04	162 90	168 33
12	5.53	154 84	165 90	171 43
13	5 62	157 36	168 60	174 22
14	5.72	160 16	171 60	177 32
15	5 82	162 96	174 60	180 42
16	5.92	165 76	177 60	183 52
17	6 02	168 56	180 60	186 62
18	6.11	171 08	183 30	189 41
19	6 21	173 88	186 30	192 51
20	6 31	176 68	189 30	195 61
21	6 41	179 48	192 30	198 71
22	6 51	182 28	195 30	201 81
23	6 60	184 80	198 00	204 60
24	6 70	187 60	201 00	207 70
25	6 80	190 40	204 00	210 80
26	6 90	193 20	207 00	213 90
27	7 00	196 00	210 00	217 00
28	7 09	198 52	212 70	219 79
29	7 19	201 32	215 70	222 89
30	7 29	204 12	218 70	225 99
31	7 39	206 92	221 70	229 09
32	7 49	209 72	224 70	232 19
33	7 58	212 24	227 40	234 98
34	7 68	215 04	230 40	238 08
35	7 78	217 84	233 40	241 18
36	7 88	220 64	236 40	244 28
37	7 98	223 44	239 40	247 38
38	8 07	225 96	242 10	250 17
39	8 17	228 76	245 10	253 27
40	8 27	231 56	248 10	256 37
41	8 37	234 36	251 10	259 47
42	8 47	237 16	254 10	262 57
43	8 56	239 68	256 80	265 36
44	8 66	242 48	259 80	268 46
45	8 76	245 28	262 80	271 56
46	8 86	248 08	265 80	274 66
47	8 96	250 88	268 80	277 76
48	9 05	253 40	271 50	280 55
49	9 15	256 20	274 50	283 65
50	9 25	259 00	277 50	286 75

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INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED (ICF/MR)
 NURSING COSTS BY POINT COUNT
 HEALTH SERVICE AREA (HSA) X

Effective 1-1-78

The Counties included in HSA X are:

Henry	Points	Mercer	Daily Rates	Rock Island		
				Monthly Rates		
				28 Days	30 Days	31 Days
	1		4.56	127.68	136.80	141.36
	2		4.67	130.76	140.10	144.77
	3		4.77	133.56	143.10	147.87
	4		4.87	136.36	146.10	150.97
	5		4.97	139.16	149.10	154.07
	6		5.07	141.96	152.10	157.17
	7		5.18	145.04	155.40	160.58
	8		5.28	147.84	158.40	163.68
	9		5.38	150.64	161.40	166.78
	10		5.48	153.44	164.40	169.88
	11		5.58	156.24	167.40	172.98
	12		5.69	159.32	170.70	176.39
	13		5.79	162.12	173.70	179.49
	14		5.89	164.92	176.70	182.59
	15		5.99	167.72	179.70	185.69
	16		6.09	170.52	182.70	188.79
	17		6.20	173.60	186.00	192.20
	18		6.30	176.40	189.00	195.30
	19		6.40	179.20	192.00	198.40
	20		6.50	182.00	195.00	201.50
	21		6.60	184.80	198.00	204.60
	22		6.71	187.88	201.30	208.01
	23		6.81	190.68	204.30	211.11
	24		6.91	193.48	207.30	214.21
	25		7.01	196.28	210.30	217.31
	26		7.11	199.08	213.30	220.41
	27		7.22	202.16	216.60	223.82
	28		7.32	204.96	219.60	226.92
	29		7.42	207.76	222.60	230.02
	30		7.52	210.56	225.60	233.12
	31		7.62	213.36	228.60	236.22
	32		7.73	216.44	231.90	239.63
	33		7.83	219.24	234.90	242.73
	34		7.93	222.04	237.90	245.83
	35		8.03	224.84	240.90	248.93
	36		8.13	227.64	243.90	252.03
	37		8.24	230.72	247.20	255.44
	38		8.34	233.52	250.20	258.54
	39		8.44	236.32	253.20	261.64
	40		8.54	239.12	256.20	264.74
	41		8.64	241.92	259.20	267.84
	42		8.75	245.00	262.50	271.25
	43		8.85	247.80	265.50	274.35
	44		8.95	250.60	268.50	277.45
	45		9.05	253.40	271.50	280.55
	46		9.15	256.20	274.50	283.65
	47		9.26	259.28	277.80	287.06
	48		9.36	262.08	280.80	290.16
	49		9.46	264.88	283.80	293.26
	50		9.56	267.68	286.80	296.36

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INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED (ICF/MR)
NURSING COSTS BY POINT COUNT
HEALTH SERVICE AREA (HSA) XI

Effective 1-1-78

The Counties included in HSA XI are:

Clinton	Madison	Monroe	St. Clair
Points	Daily Rates	28 Days	Monthly Rates 30 Days 31 Days
1	4 52	126 56	135 60 140 12
2	4 62	129 36	138 60 143 22
3	4 72	132 16	141 60 146 32
4	4 82	134 96	144 60 149 42
5	4 92	137 76	147 60 152 52
6	5 03	140 84	150 90 155 93
7	5 13	143 64	153 90 159 03
8	5 23	146 44	156 90 162 13
9	5 33	149 24	159 90 165 23
10	5 43	152 04	162 90 168 33
11	5 53	154 84	165 90 171 43
12	5 63	157 64	168 90 174 53
13	5 73	160 44	171 90 177 63
14	5 83	163 24	174 90 180 73
15	5 93	166 04	177 90 183 83
16	6 04	169 12	181 20 187 24
17	6 14	171 92	184 20 190 34
18	6 24	174 72	187 20 193 44
19	6 34	177 52	190 20 196 54
20	6 44	180 32	193 20 199 64
21	6 54	183 12	196 20 202 74
22	6 64	185 92	199 20 205 84
23	6 74	188 72	202 20 208 94
24	6 84	191 52	205 20 212 04
25	6 94	194 32	208 20 215 14
26	7 05	197 40	211 50 218 55
27	7 15	200 20	214 50 221 65
28	7 25	203 00	217 50 224 75
29	7 35	205 80	220 50 227 85
30	7 45	208 60	223 50 230 95
31	7 55	211 40	226 50 234 05
32	7 65	214 20	229 50 237 15
33	7 75	217 00	232 50 240 25
34	7 85	219 80	235 50 243 35
35	7 95	222 60	238 50 246 45
36	8 06	225 68	241 80 249 86
37	8 16	228 48	244 80 252 96
38	8 26	231 28	247 80 256 06
39	8 36	234 08	250 80 259 16
40	8 46	236 88	253 80 262 26
41	8 56	239 68	256 80 265 36
42	8 66	242 48	259 80 268 46
43	8 76	245 28	262 80 271 56
44	8 86	248 08	265 80 274 66
45	8 96	250 88	268 80 277 76
46	9 07	253 96	272 10 281 17
47	9 17	256 76	275 10 284 27
48	9 27	259 56	278 10 287 37
49	9 37	262 36	281 10 290 47
50	9 47	265 16	284 10 293 57

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ALAN J. DIXON
Secretary of State

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